



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	Abbeymead Lodge
Address:	Abbeymead Avenue Abbeymead Gloucester GL4 5GR

The quality rating for this care home is:

three star excellent service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Sharon Hayward-Wright	2 0 0 5 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Abbeymead Lodge
Address:	Abbeymead Avenue Abbeymead Gloucester GL4 5GR
Telephone number:	01452617566
Fax number:	
Email address:	colinbeard@ssmail.net
Provider web address:	

Name of registered provider(s):	Aspirations Care Ltd
Type of registration:	care home
Number of places registered:	8

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	8	0
Additional conditions:		
Date of last inspection		

Brief description of the care home
<p>Abbeymead Lodge opened in September 2004. The home is registered to provide care for up to eight people with a learning disability. The Statement of Purpose indicates that people may have complex needs. The property is a detached building in a residential area of Gloucester. The home was a care setting in the past (run by a different organisation). It has been completely refurbished to meet with the National Minimum Standards. Bedrooms are situated on both the ground and first floors. All have en suite bathrooms. The home also has three lounges, a dining room, a conservatory, a staff sleeping in room, office, kitchen and laundry. There is a large garden.</p> <p>The Registered Manager reported that fees for the service ranged from 1283 pounds to 1522 pounds per week, depending on individual needs.</p>

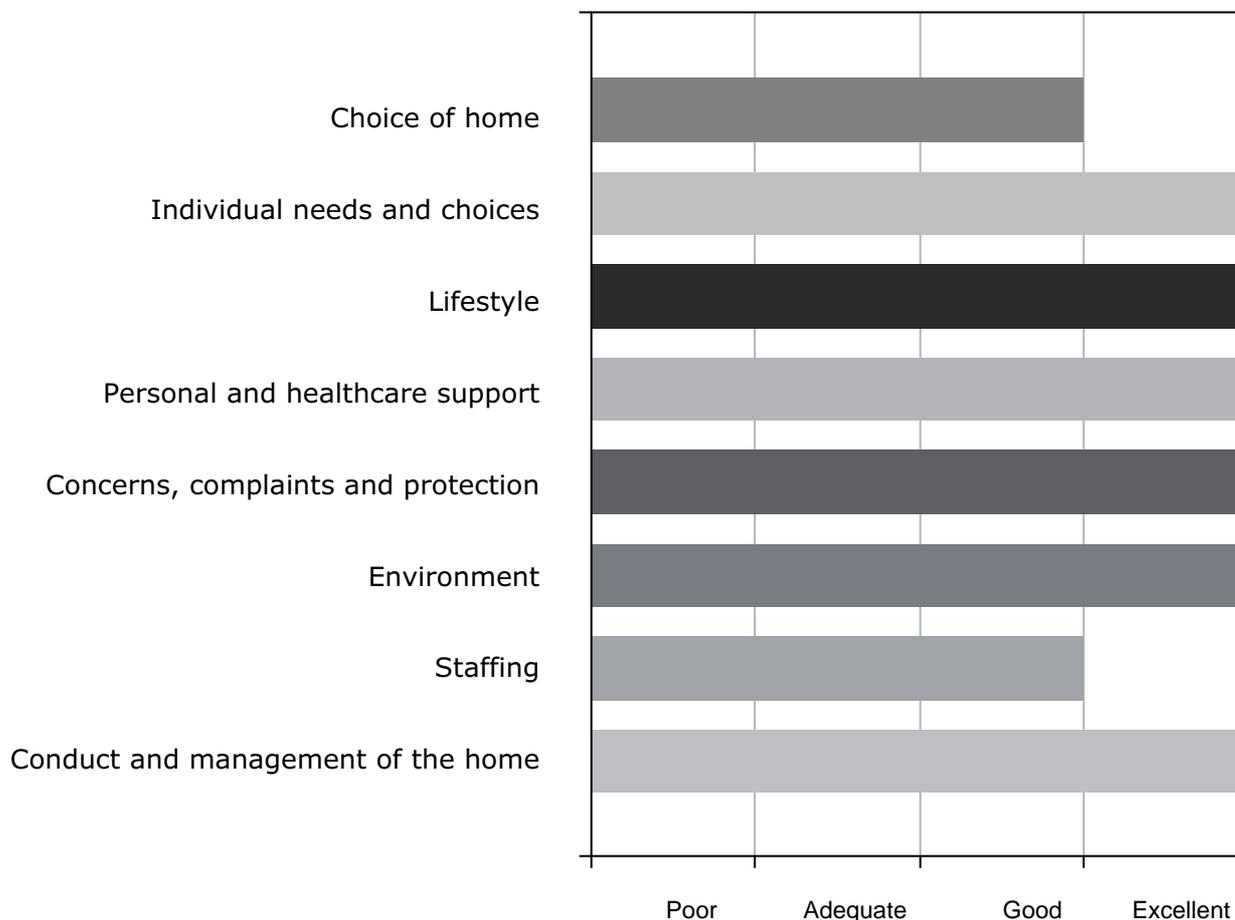
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

This inspection was carried out by two inspectors on one day in May 2009.

Before we visited the home we sent surveys to the home in order to obtain the views of people who use the service, staff and any external health professionals. We received six from people who use the service, five from staff and two from external health professionals. The results of these have been used in the report. At the site visit we also spoke to a number of people who use the service, staff and a health professional who was visiting a person at the home. We have used some of their comments in this report.

We requested an Annual Quality Assurance Assessment (AQAA) prior to this inspection.

We received it on time and it contained comprehensive information about how the home feels they are meeting the needs of people who use the service and any plans for areas they wish to improve over the next 12 months. The AQAA also contains Dataset which is numerical information. We looked at other information we have received from or about the service from other stakeholders. This includes where the home notifies us of any incidents that affects the well being of people who use the service.

We looked at a number of systems the service has in place to include care records, activities, food provision, staff supervision and training, complaints, medication and maintenance records.

What the care home does well:

A comprehensive assessment system is in place to assess any prospective people. This includes obtaining details about their wishes and needs and these are all taken into account before a placement is offered.

The home uses a person centered approach to care planning that provides staff with detailed information about how to meet people's assessed needs. People are encouraged to take control of their lives and any risks are assessed and managed to make sure people are safeguarded from possible risk of harm.

People are able to make choices about their lifestyle and are encouraged to develop life skills. People are also given the opportunity to take part in social, educational, cultural and recreational activities that reflect personal expectations.

The health and personal care people receive is based on their individual needs and people have access to external health professionals that work closely with the home to meet these needs. Safe systems are in place for the management of medications and the staff where able actively encourage people to participate in how their medications are administered and managed.

The home has a range of ways to enable people to express any concerns or complaints they might have. The complaints procedure is devised in several formats to meet the needs of people who use the service.

People live in a well maintained, comfortable and safe environment that encourages them to maintain their independence.

The staffing numbers in the home are flexible to meet the needs of people and the staff have access to a training programme that make sure they have the skills and knowledge to meet people's assessed needs.

The home is run by a qualified and competent manager who is a good team leader and makes sure the service is run in the best interests of people who use the service.

What has improved since the last inspection?

No requirements were issued at the last key inspection.

What they could do better:

A review of the homes recruitment procedure is needed to make sure that all the required checks are in place prior for any new member of staff starting work. This will help to reduce any risks to people who use the service.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get

printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have access to the information they need enabling them to make a decision about whether they wish to live at the home. A comprehensive assessment of the person's wishes and needs are taken into consideration before offering them a place.

Evidence:

The admission information for one person who was admitted to the home after our last inspection was examined. The home had completed their own comprehensive assessment of need and had been supplied with a copy of the placing authority's assessment of need and current care plan. A transition meeting indicated that discussion had taken place around whether the person would benefit from visits to the home and it was felt that they would not. Instead staff from the home visited them at their current placement on four occasions before they moved in. Records of these were in place. A review was completed 4 months after they moved in to confirm that the home could meet their needs and they were happy living in the home.

Evidence:

People had been provided with a statement of terms and conditions which had been produced in a format using pictures and text.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A person centred approach to care planning provides the opportunity for people to take control of their lives. People's needs are being assessed and they are being supported to make decisions about their lifestyles. Risks are being managed safeguarding them from possible harm.

Evidence:

A person centred approach was in place involving people living in the home in the development of their care plans and the ongoing monitoring and review of their care. Each person had a series of plans in place which reflected their aspirations and wishes and which evidenced how they had been involved in the process. These had been developed from a holistic assessment of their need providing plans for their physical, social, intellectual and emotional needs. Plans had been developed for some people in a 3 D format using objects of reference as prompts and for others using photographs and picture to display their wishes and aspirations. Staff surveys confirmed that a 'person centred approach regarding all the facets of care' was promoted and that staff

Evidence:

had a good understanding of the needs of the individual. This was verified by discussions with staff. People showed us copies of their plans which they kept in their rooms.

It was evident that care plans were being reviewed regularly by the person with their key worker. Where hazards were identified in care plans these were cross referenced with risk assessments. Annual reviews were taking place and there was evidence of the involvement of placing authorities with copies of their current assessment of need and care plan.

There was evidence that people were having access to advocates and best interests meetings were being held in line with the requirements of the Mental Capacity Act. Where there were restrictions in place these had been identified with the rationale for these noted, which clearly indicated they were in people's best interests to either safeguard them from possible harm or promote their wellbeing.

Communication profiles were in place for people needing support to express themselves. The staff were working closely with the Speech and Language Therapist developing alternative forms of communicating with a person who had rejected systems they had used at school. There was evidence that a visual timetable had been developed and pictures were being collated of positive experiences. Training had been arranged for staff in the use of makaton sign language.

Missing person's protocols were in place and records confirmed that people were supported to be as independent as possible in the community whilst putting safeguards in place. Risk assessments enabled people to take risks minimising identified hazards promoting people's independence. Where incidents had occurred care plans and risk assessments were reviewed and amended to reflect these.

Some risk assessments identified that staff may have to use physical intervention to help people manage their anxieties and anger. Protocols were in place describing the type of technique to be used only after de-escalation or distraction attempts had failed.

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are able to make choices about their life style and supported to develop life skills. People have the opportunity to participate in social, educational, cultural and recreational activities that reflect their personal expectations.

Evidence:

Daily diaries for a two week period in May were sampled providing information about people's day to day lives. People who wished to go to church or other places of worship were supported to attend these. People had activity timetables, as mentioned some had been produced using pictures. Where people had been offered activities and refused them this was recorded. During the period sampled people went out shopping, into town, to the local library, swimming, using a jacuzzi, went to bingo, the cinema and day trips. One person had been away on holiday. Staff explained how they had to be flexible when suggesting activities with one person who disliked routines. The AQAA

Evidence:

stated that people had been supported in voluntary work and would be supported to find employment. People said they like 'going clubbing', 'going to the pub for lunch' or 'listening to music in my room'. People were observed doing art in the conservatory. An art tutor had been employed to work with them and the AQAA stated they were hoping to start a drama group. Staff said that people had access to regular massage or Reiki at the home.

Visits to parents, family and friends were recorded as well as contact via telephone or letter. People said in their surveys that they were supported to visit their parents at weekends.

People said they helped around the home. They were observed making drinks and preparing snacks. Daily records indicated they helped to wash up crockery and to do the shopping. The AQAA stated that people could have pets if they wished. One person showed us their tropical fish and another person had ducks. The home promotes a non smoking environment but there was a smoking area in the garden. They were looking at providing access to a patio for one person who smokes from their bedroom.

Menus had been produced in a format using pictures and reflected people's likes and dislikes. People had individual storage for personal snacks in the larder. They were observed helping themselves to drinks and snacks and preparing meals. One person liked to have their meals provided in a snack box and they were supported to do this using healthy ingredients. Where people needed the support of a dietician this was provided and guidelines provided for staff to follow. One person had diabetes and they had access to a range of sugar free snacks. Staff surveys indicated that people were supported to take responsibility and make choices about their diet.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The health and personal care people receive is based on their individual needs and people are able access external health care services. Safe systems for the management of medication are in place and where able the staff encourage people to participate in taking control of their own medication.

Evidence:

The way in which people liked to be supported with their personal and health care needs was clearly identified in their care plans. End of month checklists completed with their key worker evidenced any changes to needs, appointments which had been made and any concerns the person may have. A staff survey commented that " the staff team respects and cares for each other as well as the service users" and another said, "we deliver the best possible personal care to service users and maintain a high standard in all areas."

A listening device was being used to monitor one person with epilepsy. Staff were observed carrying this around with them when not in the lounge. Protocols for the use of this were in place with consent from the person recorded.

Evidence:

Each person had a health action plan in place and there was evidence that they had annual health checks. Appointments with a range of health care professionals were recorded with evidence of the outcome of each appointment.

One person had a pressure relieving mattress as they had been assessed as being at possible risk of developing a pressure sore. No risk assessment or policy was in place at the time of the inspection, however the day following the inspection the Registered Manager sent us a copy of a pressure sore prevention policy and they were in the process of putting a risk assessment in place.

There was prompt referral to the local Community Learning Disability Team where needed and evidence that the home were implementing their suggestions. Comments from health professionals included, "the respect the patients wishes and seek advice when needed," and "the staff who work within this home are friendly, caring, approachable and helpful." One health professional was spoken with and they described the home as "brilliant". They also commented on the excellent record keeping and any protocol in place was very detailed. They included the person in any decision making. This health professional said they visit monthly and the home always make sure the person's key worker is on duty for their visit.

The system the home has in place for the management of medication was examined. People are able to self administer their medications following an assessment. Lockable facilities are provided in peoples rooms to store any medication.

Consent forms are in place for all people and they are able to choose where they have their medication administered. We saw in several people's bedrooms a list of their medication and possible side effects along with a photograph of the medication. This is excellent practice.

We checked all Medication Administration Records (MAR) and no gaps in the recording of administration of medication was found. These also include details of peoples allergies. Records were in place for medication received into the home, administration and of any medication returned to the Pharmacy.

Dates of expiry were found on all boxed medication, creams and lotions. We would recommend that any creams for haemorrhoids are stored away from other creams. A secure facility is provided for the storage of medications and the monitoring of the temperature of this facility was taking place, to make sure the medications are stored at the correct manufacturer's guidance.

The system the home has in place for homely remedies was examined and it was very detailed and had been agreed by people's General Practitioner. At the time of the inspection no people were receiving Controlled Medication. Staff that administer medication undertake accredited training. Auditing of medication systems used take

Evidence:

place on a weekly basis and we saw records of this. We would recommend that during the administration process the staff take the Medication Administration Record with them. A medication error took place this year and following this the Registered Manager completed a practical medication assessment of the staff involved. Policies and procedures are in place medication but we did not examine these at this inspection.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service enables people to express their concerns in a number of ways and makes sure they are listened to and acted upon. People have access to a robust complaints procedure and systems are in place to protect them from possible harm or abuse.

Evidence:

The Registered Manager reported they have not received any formal complaints. A policy is in place for people who use the service, their relatives and staff where they can also access the Registered Providers. The complaints procedure for people uses text and symbols. People can discuss any complaints with their key worker and at group meetings. We saw a checklist that is used at these meetings for one person and they had signed it. The Registered Manager said he operates an open door policy and we witnessed this during the inspection.

We asked people in the surveys we sent them, do you know who to speak to if you are not happy and all 6 people said 'yes'. Examples of who people would speak to was, key workers, Registered Manager and relatives. We also asked people, do you know how to make a complaint, and all 6 people said 'yes'. We asked staff in their surveys do you know what to do if someone has concerns about the home, all 5 staff said 'yes'. The AQAA states that in the last 12 months the home has added a further complaints procedure sheet for people so they have a range of different methods to convey any concerns they might have. We saw copies of these during the inspection.

Evidence:

The Registered Manager said that all staff receive training in safeguarding people as part of their induction course 'learning disability worker induction award' and then following this staff attend the local County Council's 'Alerters' guide training. We saw evidence that some staff are due to undertake this training in June. The Registered Manager has undertaken the 'Enhanced' training with the local County Council. The home has policies and procedures in place for safeguarding people, abuse, whistle blowing and physical intervention policy. Staff had completed training in Positive Behavioural Management and those spoken with had a good understanding of the support needed to enable people to manage their anxieties and anger. Protocols were in place providing staff with guidance about how they should support people, what triggers to look out for, how to divert or de-escalate people and under what circumstances physical intervention should be used. Incident forms were in use as well as Antecedent, Behaviour and Consequence charts. Staff said that physical intervention was rarely used and that they effectively supported people using diversion and de-escalation.

We checked the system the home has in place for managing people's monies. We randomly selected two people's monies and records and found these to be all correct. The staff undertake twice daily checks and the Registered Manager audits this on a weekly basis.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service live in safe, well maintained and comfortable environment that encourages independence.

Evidence:

A tour of the environment took place and a number of bedrooms belonging to people were seen. All bedrooms provide en-suite facilities to maximize people's privacy and comfort. People are able to have input into the decoration of their rooms and one person was very pleased with their room as it had recently been refurbished.

The reception area has comfortable seating where people can watch television. A staff board is on display so that people and visitors know who is on duty. The communal areas were all well decorated with a good standard of furnishings. The Registered Manager said that the dining room had recently been redecorated and the majority of people were actively involved in choosing the colour.

The kitchen was seen and the standard of cleanliness was high. The home has been awarded 5 stars by the local Environmental Health Department which is excellent. Records were seen of health and safety checks. We did find that the menus were not always detailing any alternatives and records were need to be maintained of this. The

Evidence:

dining room and the conservatory are used for mealtimes. The conservatory is also used for arts and crafts.

The home is surrounded by large maintained gardens and person has ducks which they look after.

The laundry area was also seen and it was well organised with baskets labelled for each person. The Registered Manager said that people are able to use the laundry area with supervision. We did find that the front of the door to the washing was missing and this would need to be replaced. Staff have access to protective clothing when required. The home has contracts in place for the disposal of continence products, sanitary waste and sharps. We asked people in the surveys we sent is the home fresh and clean, all 6 people said 'yes' and one person had commented "we all keep it clean". Comments we received during the inspection were " I like living here" and "its very nice here".

The AQAA lists the plans the home has in place to improve the environment in the next 12 months and they include; to renew the damaged to the work surface and cupboard in the kitchen, to agree a plan of action with the Registered Providers for ongoing maintenance works and to remove one of the windows in a downstairs room and replace it with patio doors. This will enable the person to access their own courtyard.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The individual needs of people who use the service are met by staff that are trained, skilled and in sufficient numbers. Changes to the recruitment practices are required to make sure people are not placed at unnecessary risk.

Evidence:

The AQAA states that 90 percent of the care staff have or are working towards either NVQ 2 or 3 in Health and Social care. Which is excellent.

The Registered Manager said the staffing numbers are flexible to meet the needs of people who use the service and to meet their recreational interests. During the inspection one person came to see the Registered Manager as they wanted to go out shopping in the afternoon and the staff were able to accommodate this. When people attend college the staffing numbers are increased. If people have a specific recreational activity they wish to attend especially if it is later in the evening, staffing can be arranged as the Registered Manager said the staff are very flexible.

The staff were able to demonstrate very good knowledge about people's needs as each person is allocated a key worker. We received very positive feedback about the staff during the inspection. We asked people in the surveys we sent them, do the staff treat

Evidence:

you all well, and all six people said 'always'. We also asked them do the carers listen and act upon what you say, and all six people said 'always'. In the staff surveys we asked, are there enough staff to meet the individual needs of all people who use the service, two staff said 'always' and three staff said 'usually'. We also asked, do you feel you have enough support, experience and knowledge to meet the different needs of people who live at the home, four staff said 'always' and one said 'usually'. We had a vast number of very positive comments from the staff about working at the home. Some examples include; "I have been employed at Abbeymead Lodge for sometime and I have had excellent training and I feel very privileged to be able to say that I work for the Registered Providers", "Abbeymead Lodge has been the best home I have ever worked in" and "the home has a staff team that respect and cares for each other as well as the service users, which is part of their natural values as well as team ones".

The recruitment records of three staff that have started work at the home within the last year were examined. All had the required recruitment checks in place except one member of staff had not provided specific dates for their employment history. To make sure people who use the service are not put at any unnecessary risk employment histories need to provide full dates. This was also identified at the last key inspection. All three staff members had Protection of Vulnerable Adults Check (POVA) and Criminal Records Bureau Disclosure (CRB) in place. However the Registered Manager must make sure that he has witnessed written evidence that a POVA check is in place and satisfactory prior to the new member of staff starting work whilst waiting for the full CRB. As the responsibility for protecting people from possible risk of harm of abuse is that of the Registered Person's. No interview records were in place. Risk assessments are in place for staff with a criminal record and whilst waiting for the full CRB. The home need to review their recruitment practices to make sure they are in line with the Care Home Regulations 2001.

A training matrix is in place and all staff have individual files. Staff confirmed both verbally, at the inspection and in their surveys that they have access to training. Training includes mandatory subject for example, fire, first aid, infection control and other topics pertinent to the needs of the people who use the service. The home uses the induction training designed to meet the needs of people who use the service and one member of staff was on their induction during the inspection. New staff are assigned 'mentors' and these are identified on the duty rotas.

Staff receive supervision about every eight weeks and all senior staff supervise other staff. We randomly selected several staff files and records were seen of sessions. A matrix is in place. The new member of staff had a probationary review at the end of their first month. All staff also have yearly appraisals.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A qualified and competent manager undertakes the management and administration of this home and it is based on openness and respect. The home has effective quality assurance systems in place that make sure the views of people are listened too.

Evidence:

There have been no changes to the management of the home since the last key inspection. The Registered Manager has obtained the required qualifications for this role and undertakes ongoing training to maintain and update his skills and knowledge. The feedback we received about the Registered Manager was excellent from both staff in the home and from external professionals. Staff felt he is very approachable and they could discuss any concerns with him. Staff also felt that the Registered Manager is an excellent role model as he is a strong leader and he is responsive to the needs of people. The deputy manager has also completed his NVQ 4 in Health and Social Care but he was due to leave the home to take up a another position within the organisation. We feel this home is well run in the best interests of people who use the service.

Evidence:

We looked at the quality assurance systems the home has in place. Questionnaires are sent to people and their families every six months and we saw the results of the last ones. All the feedback was very good. The home has a number of audits in place and ones that involve obtaining the feedback of people who use the service. Staff meetings take place on a frequent basis and we saw minutes of these. Meetings for people also take place and the minutes of these are devised in a number of formats to meet peoples needs. Regulation 26 visits were not followed up at this inspection. This is where the Registered Provider or a Representative on their behalf undertake an unannounced visit to the service and complete an assessment and report. The AQAA states that in the next 12 months there are plans to work towards a nationally recognised status of quality in 'Investors in People'.

The Annual Quality Assurance Assessment (AQAA) we received was on time and very detailed. It listed what the home feels they do well, where they have improved in the last 12 months and their plans for further improvement in the next 12 months. The AQAA also contains Dataset, which numerical information.

Management have received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. There was evidence that IMCA's were being involved with people where appropriate and the necessary assessments and records were being completed by the home. No one in the home was subject to a Deprivation of Liberty Safeguard at the time of the inspection.

We saw records that related to ongoing training in safe working practices and this includes fire and first aid.

The AQAA contained information about the servicing of some equipment and services. We examined records of monthly checks of equipment and services.

We examined the fire risk assessment and checks that are undertaken along with the evacuation procedure and risk assessments in place for each person in relation to fire.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	34	19	<p>The registered persons must make sure that all the required pre employment checks are in place prior to the new worker starting at the home.</p> <p>This will help to make sure that people who use the service are not placed at unnecessary risk of harm or abuse.</p>	11/09/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	34	The Registered Manager should make sure that written evidence of a POVA check is seen and is satisfactory prior to the new worker starting at the home.

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